## COURT OF COMMON PLEAS DIVISION OF DOMESTIC RELATIONS HAMILTON COUNTY, OHIO

Case No.   File No. E   CSEA AAd   Dudge   CSEA AAD   CSEA AAD   CSEA ADDRESS   CSEA ADDRESS   CSEA ADDRESS   CSEA ADDRESS   COVERAGES   COV	Plaintiff / Petitioner	Date	<u> </u>	
Defendant / Petitioner   CSEA AA#   Judge   GROUP HEALTH INSURANCE AFFIDAVIT		Case	No	
Defendant / Petitioner    Defendant / Petitioner   Dudge	-vs/and-			
Defendant / Petitioner   Flaintiff/Petitioner   Plaintiff/Petitioner   Yes		File 1	No. E	—
Summarize health care benefits, i.e., major medical only, deductible, co-payments, shealth maintenance organization, etc. Attach separate sheet where necessary.    Yes   No		CSE	A AA#	
Plaintiff/Petitioner Yes No No Other group plan Yes No INSURERS NAME ADDRESS POLICY NUMBER  Monthly premium of Individual Plan (employee share) Summarize health care benefits, i.e., major medical only, deductible, co-payments, health maintenance organization, etc. Attach separate sheet where necessary.    ( ) Yes ( ) No	Defendant / Petitioner	Judg	e	
Plaintiff/Petitioner Yes No No Available through employment Yes No No Other group plan Yes No INSURERS NAME ADDRESS POLICY NUMBER  Monthly premium of Individual Plan (employee share) \$				
Yes	***********			
Yes	Plaintiff/Petitioner		<b>Defendant/Petitioner</b>	
POLICY NUMBER    Monthly premium of Individual Plan (employee share)   \$		Other group plan INSURERS NAME		
\$		ADDRESS		
S		POLICY NUMBER		
( ) Yes ( ) No	\$Summarize health care benefits, i.e., major i	Monthly premium of Family Plan (employ <u>COVERAGES</u>	yee share) \$	
( ) Yes ( ) No		_		
( ) Self ( ) Above named spouse ( ) Dependent children of the marriage ( ) Yes ( ) No		<del>-</del> -		
Plaintiff/Petitioner  State of Ohio, County of Hamilton: Sworn to before me and subscribed in my presence by Plaintiff/Petitioner thisday of	<ul><li>( ) Self ( ) Above named spouse</li><li>( ) Dependent children of the marriage</li><li>( ) Yes ( ) No</li></ul>	Who is Covered  Is a participant card available? Is prescription card available? Employer's Ins. Coordinator's Name	( ) Self ( ) Above named spouse ( ) Dependent children of the marriage ( ) Yes ( )	) No
State of Ohio, County of Hamilton: Sworn to before me and subscribed in my presence by Plaintiff/Petitioner thisday of	\$	The cost to purchase COBRA coverage	will be \$	
Sworn to before me and subscribed in my presence by Plaintiff/Petitioner thisday of	Plaintiff/Petitioner	Defendant/Pe	etitioner	
Sworn to before me and subscribed in my presence by Plaintiff/Petitioner thisday of				
Notary Public  Sworn to before me and subscribed in my presence by Defendant/Petitioner thisday of,  20	Sworn to before me and subscribed in	my presence by Plaintiff/Petitioner this	day of	
20	j		_	
Notary Public		my presence by Defendant/Petitioner this _	day of	
	j	Notary Public	-	